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ABSTRACT

The New Mexico School Health Advisory Committee adopted a model of comprehensive school health programming that incorporates the following eight components: (1) health services; (2) health education; (3) school health environment; (4) physical education; (5) student nutrition; (6) counseling; (7) integrated school and community health promotion; and (8) schoolsite health promotion programs for faculty and staff. In 1990, the committee surveyed public and private accredited schools to describe the status of New Mexico's schools with respect to each of the eight components of the model. Survey instruments were adapted from the American School Health Association School Health Surveys. Over 7,000 questionnaires were mailed to 9 respondent groups with an overall return rate of 44 percent. Groups surveyed included superintendents, directors of instruction, food service directors, principals, classroom teachers, school nurses, school counselors, physical education teachers, and cafeteria managers. This report offers a description of each of the eight program components, a summary of the status of New Mexico's schools with respect to each component, and the recommendations of the New Mexico School Health Advisory Committee for each component. (LL)

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A REPORT CARD OF SCHOOL HEALTH PROGRAMS IN NEW MEXICO

Executive Summary

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- District superintendents, food service directors, and directors of instruction and the school principals, nurses, counselors, cafeteria managers/head cooks, health, physical education, and classroom teachers who filled out their survey, contributing thereby to the high response rate and quality of the data on which the Executive Summary and eight component reports are based, as well as the quality of the reports themselves.

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- Dr. Mary Ann Shaening, independent contractor, who reviewed each of the component reports and developed the Executive Summary of the reports.

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- Carolyn Hutchinson, Public Information Office, New Mexico Department of Health, who reviewed all of the reports.

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State of New Mexico
DEPARTMENT OF HEALTH

STATE OF NEW MEXICO
DEPARTMENT OF EDUCATION

November, 1991

Dear Reader:

The New Mexico Department of Health and the State Department of Education are pleased to present the results of the New Mexico School Health Advisory Committee's first report card of school health programs in New Mexico. This report identifies the current status of prevention-oriented programs in New Mexico schools that affect the health of students and staff.

The health and the education of our children are inextricably linked. Children who are sick, hungry, abused, or using drugs, feeling that nobody cares, and who may be distracted by family problems are unlikely to learn well. Schools are also places where foundations for future health behaviors are laid. The promotion of good health for children and youth in the school setting is a shared responsibility of families, schools and communities.

We urge you to read this report and review how, in your capacity, you can become involved in the improvement of school health programs for the well-being of New Mexico children.

Sincerely,

Michael J. Burkhart
Secretary
New Mexico Department
of Health

Alan D. Morgan
State Superintendent of
Public Instruction
New Mexico Department
of Education

SCHOOL HEALTH PROGRAMS
IN
NEW MEXICO

AN EXECUTIVE SUMMARY

School health professionals have for some time recognized the complex and intricate relationship between health and learning. Traditionally, they have called for the incorporation of three components in the overall school health program. These components are health services, health education, and the school health environment. Current health thinking emphasizes prevention and health promotion, and equates the notion of health to physical, mental, emotional, and social wellness. In turn, wellness requires appropriate knowledge, attitudes, skills, and behaviors. Therefore theory and practice have moved beyond the traditional three components of school health to a model of comprehensive school health programming that incorporates eight components. These include the traditional three as well as physical education, student nutrition, counseling, integrated school and community health promotion, and schoolsite health promotion programs for faculty and staff.

The New Mexico School Health Advisory Committee had adopted this comprehensive eight part school health model. In 1990, the committee surveyed public and private accredited schools in order to describe the status of New Mexico's schools with respect to each of the eight components of the comprehensive model. The survey instruments were adapted from the American School Health Association School Health Surveys. Over 7000 surveys were mailed to nine respondent groups with an overall return rate of 44%. The groups surveyed included superintendents, directors of instruction, food service directors, principals, classroom teachers, school nurses, school counselors, physical education teachers, and cafeteria managers.

This report offers a description of each of the eight program components, a summary of the status of New Mexico's schools with respect to each component, and the recommendations of the New Mexico School Health Advisory Committee for each component. A more detailed report is available from the School Program and Professional Development Unit in the State Department of Education, and the Health Promotion Bureau or Office of Planning and Evaluation in the Department of Health.

SCHOOL HEALTH SERVICES

Health services are traditionally the cornerstone of a comprehensive school health program. With a professionally trained and licensed school nurse, services are made available to identify, assess, intervene, and treat a myriad of minor and major health problems. These health services are in no way intended to undermine the parents' health care responsibilities nor to supplant the role of the community physician. Optimally, school health services are a significant component in a continuum of care that includes the family and physician. It is widely recognized that all three components of this continuum of care are necessary to keep our children healthy enough to participate and profit from their education.

What are the ingredients of a quality health services program?

A quality health services program must be formalized as a written plan, specifying policy and procedures for assessment, screening and delivery of health services to both students and staff. The formal plan must also address the human resource requirements essential to a quality program by specifying staffing and supervision, and designating job duties and evaluation requirements. Material resources must include the provision of appropriate facilities (nursing and examination rooms) and funding for equipment, supplies, and educational materials.

A comprehensive range of preventive and primary health services must be available through the school health services program. Such services must be supported by appropriate medical and administrative protocols.

Staffing patterns must be set in accordance with national standards for ratios of students to nurses. Different ratios must be set for special needs populations.

School nurses must be licensed registered nurses with baccalaureate degrees from accredited colleges and universities. Special licensure as a school nurse must be monitored and enforced by the State Department of Education.

School health services must explicitly address the ever increasing numbers of children with various disabilities and special needs. School nurses must participate in the development of Individualized Education Programs (IEPs) for children whose special needs include health.

What is the status of New Mexico's schools with respect to health services?

According to school nurses, written plans for health services can be found in about three fourths of New Mexico's school districts. District administrators would disagree in many instances, responding that just under half of the districts have such plans. Whether there is a written plan or not, the vast majority of schools use the New Mexico School Health Manual as a guide to developing and delivering services. Less than half have formalized program needs assessment and program evaluation procedures (although district administrators less formally evaluate their health services). About three fourths of the districts have somehow assessed student health needs in the last five years, and most have screening procedures which may or may not be part of an overall written plan. Less than half have similarly assessed the needs of their staff and only 40% report health promotion programs for their personnel. In terms of staffing, at the elementary level, half of the school nurses are assigned to two or more schools and only about 40% are full time at a single school. About half of the school districts employ health assistants. Less than one quarter of the school nurses are supervised by health professionals; less than half of the school health assistants are supervised by health professionals. School nurses have job descriptions but less than two thirds of the health assistants have job descriptions. Less than half of the schools use the services of a physician and those that do most often use physicians for athletic programs. The majority of schools have a nurse's office but only about two thirds have a separate examination room. About three quarters of the districts specifically allot funds for

equipment, supplies, and materials.

The health services offered by New Mexico's schools include a large number of various health screenings. At the elementary level, these services tend to include vision, hearing, height and weight, dental, and some scoliosis screens. Similar screenings are offered at the middle level, with additional emphasis on scoliosis and blood pressure. At the high school level, there are relatively few health screening services. Few schools at any level offer speech screening, physical exams, tests of physical fitness and lean body mass, or health risk appraisals.

Virtually all school districts report that they do not have any policy regarding student to nurse ratios. At the elementary level, about two thirds of the schools exceed a ratio of 1000 students per nurse. At the middle and high school levels, over half exceed that ratio. About one quarter of the schools at all levels exceed 2000 students per nurse. There are no data available on differential ratios for special needs populations.

Consistent with New Mexico Educational Standards, almost all school districts employ licensed registered nurses. However, only 86% are licensed by the State Department of Education as school nurses. The other 14% are licensed registered nurses under the supervision of a medical doctor; these people are not required to be licensed by the State Department of Education.

Schools were not specifically surveyed about services to students with various disabilities and special needs. However, data were collected on school nurse participation in the development of Individualized Education Programs (two thirds do participate) and on the extent to which they were informed of individual student disabilities and disorders (virtually all school nurses are so informed).

What are the health service recommendations of the New Mexico School Health Advisory Committee?

Each school district should have a written health services plan. This plan should specify health assessment, screening and health services available for students and staff. The plan should also establish health service positions, job descriptions, lines of authority and supervision, and performance evaluation requirements. The plan should follow the guidelines set forth in the New Mexico School Health Manual and should be in compliance with all applicable medical and educational laws and regulations.

Districts should expand the scope of practice of the school nurse with appropriate administrative and medical protocols from District Health Offices. Districts should provide a broader range of health services, including primary health and preventive services.

The number of school nurses should be increased so that ratios of students to school nurses accommodate special need populations and be set in accordance with National Association of School Nurses standards. These standards call for a maximum of 750 general population students to one school nurse; 225 mainstreamed students to one school nurse; and 125 severely/profoundly handicapped students to one school nurse.

The State Department of Education should develop more effective methods of monitoring and enforcing school nurse licensure.

School nurses should be involved in the development of Individualized Education Programs (IEPs) for all special education students with special health needs.

SCHOOL HEALTH EDUCATION

Health education focuses on health related knowledge, attitudes and skills for the purposes of creating quality life styles and healthy behaviors. Instructional programs promote wellness, health maintenance, and the prevention of disease. Quality health education programs are skill based and holistic in nature, integrating the physical, mental, emotional, and social components of health.

What are the ingredients of a quality health education program?

A quality health education program must include a written, comprehensive, sequenced curriculum with supplementary instructional materials that spans the grades from pre-kindergarten through graduation. The curriculum must be culturally appropriate and incorporate activities that allow students to acquire and demonstrate knowledge, skill, and appropriate behavior. The physical, mental, emotional, and social aspects of health must all be addressed.

Health education should be taught in separate classes at the middle and high school levels. In elementary schools, health education should be taught throughout the school year. At all levels, health education should be reinforced in other classes and in school wide activities and programs.

Individuals responsible for teaching health should at minimum have college coursework in health education. Optimally, teachers at the middle and high school levels should be licensed health educators. Continuing education opportunities, as well as in-service training, should be available to all teachers.

What is the status of New Mexico's schools with respect to health education?

Half of the teachers surveyed report that there is a written, comprehensive health education curriculum at their schools. (District Directors of Instruction would put that number at 73%.) Two thirds of the elementary schools have a curriculum, while only one in five middle schools and one in eight high schools have a curriculum. The curricula in place tend to be district developed or taken from a text book. Very few culturally appropriate curricula are commercially available.

Teachers report that at the elementary level, health education is integrated with other required subjects in almost all schools. (District Directors of Instruction report the figure as 64%.) At the middle and high school levels, just over half of the schools also have an integrated approach (with one in eight schools having no health education program

at all). In those instances where health education is taught as a separate class, most often it is for one-half credit hour and in about half of these districts, it is a graduation requirement. About half the time, twenty or fewer health education lessons are taught in a school year covering eight or more topics. Such topics tend to include self-esteem, substance abuse, personal health, life skills, nutrition, human growth and development, environmental health, and injury control and emergency care. As students get older, there is more emphasis on family life and HIV education. About half of the middle and high school teachers report coverage of these two topics.

Responsibility for delivery of health education is shared, with teachers carrying the largest role at the elementary level with significant back up from school nurses. At the middle and high school levels, between one half and two thirds of the schools employ the services of a health education teacher with the remaining responsibility carried by physical education teachers, classroom teachers, and school nurses. Half of the teachers surveyed have four or more college hours in health education; one quarter have one to three hours; one quarter have zero credit hours in health education. About one in six of the teachers surveyed is licensed in health education. About two thirds of the teachers have attended at least one in-service training in the last five years, with topics typically emphasizing substance abuse, child abuse, and HIV education.

What are the health education recommendations of the New Mexico School Health Advisory Committee?

The State Board of Education should elevate the status of health education in New Mexico's schools by:

-mandating that a written comprehensive curriculum be used in each district,
-approving a recommended curriculum for use/adaptation by districts,
-incorporating health education into state mandated testing,
-requiring one unit of health education for graduation,
-clarifying the role of classroom teachers as the primary teachers of health education at the elementary level,
-requiring separate health education courses in middle and high schools, and
-incorporating health education into accreditation procedures, reviewing curriculum and teacher preparation as part of the process.

New Mexico colleges and universities with schools of education should require comprehensive health education coursework that emphasizes skill based instruction as well as specific course content focused on sexuality education, HIV education, child abuse, and mental health. Continuing education resources in these areas must also be expanded.

Additional funding and human resources should be made available to school districts to implement a comprehensive health education program.

Regional resource centers should be established to support all areas of school health. In terms of health education, the regional centers could provide training, curriculum development, and other technical assistance.

SCHOOL HEALTH ENVIRONMENT

The health environment component of a comprehensive school health program refers to the physical and psychological environments of the school, safety and accident prevention, and the formalization of these provisions in appropriate policy and procedure. The physical and psychological environments interact daily to effect the health, functioning, and overall well being of the students and staff. Optimally, the school environment is safe and comfortable, nurturing and supportive, respectful of students and adults, and conducive to learning.

What are the ingredients of a healthy school environment?

In the physical environment, there must be control and protection from a myriad of potential hazards to include biological, chemical, and other safety hazards. Temperature, humidity, noise, lighting, water quality, and other physical factors must be regulated. Facilities and materials necessary for personal hygiene must be supplied.

The psychological environment must include conditions that promote personal growth, healthy interpersonal relationships, and overall wellness. There should be continual emphasis on school improvement and experimentation with innovative programming. Discipline policy and procedure foster self-discipline; it need not be based on physical or emotional punishment.

Safety programming should include accident and injury prevention as well as safety education for students and staff.

There should be prevention oriented written policies addressing multiple aspects of the physical environment, the use of all substances, discipline, accident and injury prevention, and overall safety.

What is the status of New Mexico's schools with respect to the health environment?

In terms of the physical environment, almost all schools have emergency and disaster preparedness plans. The local fire department or the state fire marshall takes care of fire inspections. Principals and environmental officials handle sanitary inspections. The majority of schools have and enforce policies in the areas of fire safety, asbestos, weapons, school kitchen, handicap accessibility, playground safety, pest control, heating and cooling, safety glass, and lighting and ventilation.

Perceptions of school psychological environments are generally positive and respondents report positive morale, support of health promoting behaviors, positive discipline practices, good communication, and healthy conflict resolution. They also report that the environment promotes self esteem, a positive emotional climate, and open rapport between all parties. School health programs are viewed as contributors to educational achievement and positive health related behaviors. District respondents were somewhat more positive than school based respondents.

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Almost all bus drivers, custodians, and cafeteria staff, and over half of the administrators, teachers, and secretaries have received some type of safety and first aid training. Almost all districts are required to report accidents, although only a third actually analyze the accident data for purposes of safety programming. One half of the food service staff at the district level report accidents in the last year, although only one quarter of the cafeteria managers so reported.

One third of the districts and one half of the schools have comprehensive tobacco free policies that address both students and staff. The vast majority also have comprehensive drug and alcohol policies. Virtually all districts have discipline policies and the majority cover the use of corporal punishment. As described above, most districts also have policies covering at least a dozen aspects of the physical environment. As to accident prevention and safety, only 13% require, for example, seat belts on school busses and one quarter have policies on the handling and disposing of body fluids.

What are the health environment recommendations of the New Mexico School Health Advisory Committee?

The State Department of Education, as well as individual school districts, should ensure that all elements of the physical environment of schools (lighting, heating and ventilation, acoustics, water quality, and so forth) are conducive to safety, comfort, and learning.

Equipment and supplies for personal hygiene should be in working order and available to all students and staff. At minimum, this would include showers, soap, hot water, towels, and toilet paper.

Administrators, faculty, staff, and students should identify district specific elements of a healthy psychological environment as outlined in the report. Procedures to implement these elements should be developed.

The State Department of Education, as well as individual school districts, should increase their emphasis on accident prevention and the safety of students and staff. Safety education should be enhanced; existing policies and procedures should be reviewed.

All districts and all schools should adopt tobacco-free and drug free policies for both students and staff.

All districts and all schools should adopt discipline policies that prohibit the use of corporal punishment.

All district and school health related policies should be disseminated to staff and students. Procedures to implement these policies should be formalized.

Evaluation procedures addressing the school environment should be developed. Administrators, faculty, staff, and students should participate in the evaluation.

SCHOOL PHYSICAL EDUCATION

Physical education as a component of a comprehensive school health program requires an expanded focus on health promotion. There is broad based support for emphasizing physical fitness, exercise, and healthy lifestyles which presumably will extend to adulthood. This health oriented philosophy requires that activities extend beyond traditional sports' skills training.

What are the ingredients of a health oriented physical education program?

A health related physical education program requires an established curriculum and organized instruction delivered by specially trained and certified teachers. Ideally, there is different training for elementary and secondary teachers to meet the different needs of students.

The focus of physical education should be on health promotion, incorporating not only the acquisition of motor skills but also providing opportunities for maximum personal fitness, personal expression, social development, stress reduction, and the development of lifelong individual fitness habits. Fitness testing is an essential ingredient of such a program.

What is the status of New Mexico's schools with respect to physical education?

Most physical education teachers are employed full time and serve a single school. Half teach four to six classes per day, and another quarter teach seven or more. However, three fourths of these physical education teachers have additional assignments. About one fourth of elementary physical education is taught by licensed physical education teachers. At the secondary level, a physical education license is required.

Almost all schools require physical education at elementary and middle school level. The percentages required at the high school level decrease but are compensated by extensive elective offerings. Half of the elementary students take physical education twice a week; another quarter participate three or more times per week. Class time averages between 16 and 30 minutes. Most participating middle and high school students participate daily for 45 minutes or more. Most schools mainstream special education students into regular physical education classes. Fewer than one in five schools have special adapted physical education classes. The current focus of physical education is on fitness, sports, and games. The majority of schools use an established curriculum guide, but only a third report that the curriculum is periodically reviewed and revised. Few districts and schools report immediate plans to expand physical education. Most schools have access to a gymnasium and half have a weight room. Outdoor facilities include grassed areas, tracks, and either artificially surfaced or cleared dirt areas.

State educational standards require two semesters of physical education for graduation and most districts comply. However, 16% offer only one semester and at least 10% count athletics towards this requirement. Three quarters report using fitness and skills testing.

What are the physical education recommendations of the New Mexico School Health Advisory Committee?

Physical education should be taught by licensed physical education teachers at all levels. A reasonable number of classes per day should be assigned to each teacher.

All regular and special education students should have daily physical education instruction. Indoor and outdoor facilities must be adequate.

The physical education program should focus on developing lifelong physical fitness habits as well as the acquisition of skills.

Physical education should be incorporated into the state mandated testing program.

STUDENT NUTRITION

An optimal student nutrition program has a dual focus: providing nourishing food as well as promoting nutrition education. Students learn the value of good nutrition through the provision of nutritionally balanced foods. School and district policies should support these efforts by offering only healthy foods for sale or reward.

What are the ingredients of a student nutrition program?

The student nutrition program should provide foods low in fat, salt, and sugar and high in fiber. Grains, fruits, and vegetables must be increased. USDA guidelines should be followed.

Nutrition education should be offered to students and staff. Both the classroom and the cafeteria should be used as learning sites.

School and district policies should prohibit traditional vending machines, school candy sales, and the use of unhealthy food as rewards. Policies should also limit snack bars to serving healthy foods.

Food service staff should be properly licensed or certified. Regular in-service training as well as continuing education should be available for all food service staff.

What is the status of New Mexico's schools with respect to nutrition programs?

In terms of food provision, one in five schools has a salad bar and the majority of these have daily offerings. Three fourths report serving fresh or raw food and balancing high fat dishes with low fat dishes at least three times per week. The vast majority offer low salt foods and two thirds daily attend to color in the foods presented. Almost two thirds offer a breakfast program and three quarters address special nutrition needs of staff and students. Just under a half allow 20 to 29 minutes for lunch; another quarter allow 30 to 39 minutes. One in five schools have participatory menu planning (students and staff and sometimes parents) and most assess and incorporate student and staff preferences.

Three quarters advertise their menu and food program.

Nutrition education is offered as part of health education by the majority of elementary schools. About half of the secondary schools incorporate nutrition education. It is unknown what, if any, nutrition education is cafeteria based.

One in five schools have "competing" snack bars, although this is more likely at middle and high schools than at elementary schools. Only one in four schools explicitly prohibit school candy sales and have policies on vending machines. Students have access to vending machines in about a third of the schools and staff have access in over three quarters of the schools. Relatively few vending machines have healthful foods.

As to staffing, there are only two school based registered dieticians in New Mexico's schools. Just over half have full time food service directors. In terms of certification, almost half of the food service directors and two thirds of the cafeteria managers are certified. Food service personnel are encouraged to attend training, but most have not received training specifically in food and nutrition.

What are the nutrition program recommendations of the New Mexico School Health Advisory Committee?

In terms of food service, schools should continue to implement USDA guidelines in school breakfast and lunch programs. Hot, nutritious and attractive meals should be offered in a healthy environment. A salad or salad bar should be offered daily. Menu planning should be participatory. Menus and nutrition programs should be marketed to the school and larger community. All schools with lunch programs should also have breakfast programs.

Nutrition education should be coordinated by both health education teachers and food services staff. Nutrition education should be formally incorporated into the health education curriculum. Hands on activities in the kitchen and cafeteria should be designed to complement classroom based nutrition education.

All schools and districts should have policies on the use of foods in school fund raisers and in reward programs, and on the availability and offerings of vending machines.

The State Department of Education should set licensure standards for staff working in the school nutrition program. Standards should recognize education, training and experience. In-service training and technical assistance should be available to all staff.

SCHOOL COUNSELING

Counseling as a component of a comprehensive school health program reflects the notion of health as physical, mental, emotional, and social wellness. In this light, the school counselor, who addresses the mental health and intrapersonal and interpersonal skill development of students, is an integral player in the overall program.

What are the ingredients of a school counseling program?

The school counseling program incorporates a number of interventions designed to address the physical, mental, emotional, and social well being of students. Interventions include individual and group counseling, support groups, and referrals to community service agencies when necessary. Interventions also include individual and classroom presentations designed to build a range of skills in the areas of problem solving, decision making, self-esteem, communication, substance abuse, sexuality, and so forth. Finally, the school counseling program offers a range of vocational and developmental guidance activities to students.

The school counseling program must be adequately staffed with professionally licensed personnel who are assigned reasonable and manageable numbers of students.

The school counseling program accommodates in-service and other training for parents, staff, and community groups on the detection and reporting of problem behaviors and on personal skill development to more effectively deal with children.

What is the status of New Mexico's schools with respect to school counseling?

Two thirds of the counselors at all levels provide individual mental health counseling to students. Group counseling is provided at three quarters of the elementary schools and at about a third of middle and high schools. Crisis counseling is provided at three quarters of the elementary and middle schools, and at about half of the high schools. Classroom presentations are prevalent only at the elementary schools and cover a variety of abuse prevention, life skills, and risk behavior topics. The number of schools offering traditional guidance and counseling increases at the higher grades. Similarly, little effort is needed for master scheduling and student registration at the elementary level, but does require considerable effort at the middle and high school levels. The majority of counselors at these levels are frequently involved with one or both activities, although three quarters of those surveyed believe that less than 10% of their time should be devoted to these activities.

In terms of staffing, supervision of the counseling program varies from district to district, and many involve the superintendent, director of instruction, principal, or a guidance and counseling director. Most counselors are assigned to a single school. At the elementary level, ratios of students to counselor approach 600 or more. For middle schools, existing ratios are in the four hundreds. At the high school level, ratios are in the mid three hundreds to mid four hundreds. In all instances, superintendents report lower ratios than counselors report. Less than 10% of the elementary schools have formal policies on student/counselor ratios. For middle and high schools, recommended ratios are typically available.

One half to three quarters of the counselors at all levels are involved in consulting with, and providing training to, staff and parents. Nearly three quarters coordinate their activities with other school health programs.

What are the recommendations of the New Mexico School Health Advisory Committee with respect to school counseling?

The position of counselor must be structured to include those duties related to the promotion of student and staff health and wellness. Such duties should include individual and group counseling, classroom presentations, and vocational and guidance counseling. Duties should not include master scheduling, student registration, and other clerical duties. These duties should be assigned to clerical staff.

School counselors should be required at both elementary and secondary levels.

The number of counselors employed by districts and schools must be increased so that a minimum of 100 students to a maximum of 300 students is assigned to each counselor for all grades K to 12. Such ratios comply with American Association of Counseling and Development recommendations for school counselors. During the period of time required to budget and hire more counselors, the removal of scheduling and other clerical duties will help to alleviate workload.

Counselors should provide in-service and other training to staff, family, and community members on the prevention, detection, and reporting of problem behaviors and student crises. Training should also address health promotion techniques and skills for staff, family, and community members.

Counselors should collaborate with teachers to implement a comprehensive, holistic approach to the teaching of sexuality. HIV education and information on sexually transmitted diseases must be included. Staff, family, and community members must be encouraged to cooperate and collaborate on these efforts.

SCHOOLSITE HEALTH PROMOTION PROGRAM FOR FACULTY AND STAFF

There are a number of reasons why schoolsite health promotion for faculty and staff is an integral component of a comprehensive school health program. First and foremost is the health and well being of the faculty and staff. Second, there is the positive modeling effect on students and fellow staff. Third, prevention and health promotion impact health care costs, absenteeism and job performance, Fourth, schools have fitness related facilities on site.

What are the ingredients of a school site health promotion program for faculty and staff?

Health promotion programs for staff should focus on overall wellness, with particular emphasis on exercise, nutrition, stress reduction, substance abuse, weight control, women's health and general health and safety awareness. The overall program includes training, education and related activities, counseling, employee assistance programs, health assessments, and financial and other incentives for staying healthy.

What is the status of New Mexico's schools with respect to school site health promotion programs for faculty and staff?

One third of the superintendents report that their districts have health promotion programs. School based personnel (principals and nurses) report that about half of the schools have such programs. The majority of school and district programs have physical fitness components. Alcohol abuse programs were reported by over half of the superintendents and principals but by only a third of the nurses. More often than not, nutrition and stress management are covered, and there is at least some emphasis on smoking cessation, weight control, back injury, and safety. Preventive health screening is available at about half of the schools and district. Almost half of the classroom teachers surveyed report participating in at least one such activity in the last two years. In addition, 40 districts are known to have participated in the Desert High School Health Promotion Program which teaches staff how to implement school site programs.

One third of the superintendents and one half of the principals report employee assistance programs for alcohol and other drug counseling and referral. Lower rates were reported for personal counseling, skill building and employee mediation.

Several school and district health related policies were discussed above as part of the health environment. In addition, it is known that only 20% of the districts have an absenteeism policy that rewards not taking days off.

What are the school site health promotion program recommendations of the New Mexico School Health Advisory Committee?

Specific staff members must be assigned to lead and direct the district and schoolsite health promotion programs. District level administrative and financial support must be obtained for the program. Once the school site program is fully operational, participation should be extended to the local community.

All schools and districts should incorporate employee assistance programs into school site health promotion. Incentive programs for participation in health promotion and for avoiding absenteeism should also be incorporated.

Small and/or isolated districts and schools should seek implementation assistance from outside sources such as regional centers, state agencies, and larger school districts.

SCHOOL AND COMMUNITY HEALTH PROMOTION COORDINATION AND INTEGRATION

The purpose of integrated school and community health promotion efforts is to coordinate and collaborate efforts to mobilize all possible health resources for the benefit of students, staff, families, and community members. Learning is enhanced when messages are reinforced in all sectors of student and adult life. There are two aspects to this collaboration, those connecting the school and the community, and those integrating within-school and within-district efforts and programs.

What are the ingredients of school and community health promotion?

School and community integration efforts may or may not include a formal council, coalition, or committee. However, the essential ingredients include using community resources for school based primary health care and health promotion and wellness programs; fostering of community health promotion that reinforces efforts in the schools through policy and ordinance development, advocacy and related activities; and parent outreach, involvement and education.

Within school coordination and integration means that all parties work together toward the same purposes - health and wellness. All eight components of the comprehensive school health program must be integrated. Open communication and coordination must exist between nurses, counselors, classroom teachers, administrators, physical education teachers, food service workers, school environment staff, and others.

What is the status of New Mexico's schools with respect to school and community health promotion?

About half of the districts have formal health advisory councils, and almost all have some other form of committee or coalition. Almost all schools have some type of committee or council. At the district level, efforts focus on planning (policy development and program development), while at the school level, attention is given to actual implementation. About half of the superintendents and one quarter of classroom teachers are involved in these efforts. About two thirds report that schools conduct joint programming with service and voluntary organizations. According to directors of instruction, about half of the schools use the services of public health nurses and law enforcement officers to supplement health education programs (although teachers report much lower percentages).

Inter-staff collaboration is evidenced by the fact that almost all nurses and counselors coordinate their efforts with administrators and classroom teachers. About three quarters of the nurses and counselors coordinate with each other. One half to two thirds coordinate with physical education teachers and school environment staff. Less than a third coordinate with food service staff. Almost all directors of instruction report that they have received at least one in-service training in health related matters. Two thirds of superintendents, principals, and teachers have also received at least one health related in-service training.

What are the school and community promotion recommendations of the New Mexico School Health Advisory Committee?

District and school health councils or other committees must address the health needs of both students and staff. School based initiatives and services must be coordinated with community based programs.

In addition to community involvement, state and federal agencies that address the health and social needs of children and families must be formally involved. Agencies should collaborate to simplify eligibility requirements and to provide school and neighborhood based services.

All personnel involved with any of the eight components of the comprehensive school health program must be committed to coordination and collaboration of all health related activities. In-service education should be available to all personnel and should reflect locally identified school health issues.